Case No.	09-23053	
	(if known)	

AMENDED 9/28/2010 SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	חולדו ופטוח		
ACCT #: 7332 Bank Of America Po Box 1598 Norfolk, VA 23501		С	DATE INCURRED: 07/19/2006 CONSIDERATION: Credit Card REMARKS:				\$1,	202.00
ACCT #: xxxxxxxx8613 Capital 1 Bank Attn: C/O TSYS Debt Management PO Box 5155 Norcross, GA 30091		С	DATE INCURRED: 11/2006 CONSIDERATION: Credit Card REMARKS:				\$	565.00
ACCT #: Citibank NA PO Box 6241 Siouix Falls, SD 57117		С	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice	e Only
ACCT #: xxxxxxxxxxxx3760 Comcast PO Box 97002 Seatttle, WA 98124-1227		С	DATE INCURRED: CONSIDERATION: Cable REMARKS:				\$	361.65
ACCT #: xxxxxx2801 Crd Prt Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240		С	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$	214.00
ACCT #: xxxxx2653 Credit Collection Services Two Wells Ave Dept 587 Newton, MA		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS: Original Creditor - Labcorp				\$	116.87
continuation sheets attached	1	(Rep	Su (Use only on last page of the completed Sch ort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relat	edu e, o	ota ıle n tl	ıl > F.) he		.,459.52

Case No.	09-23053	
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNIOUIDATED	מיליון מי	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx7542 Direct Loans PO Box 530 Atlanta, GA 30353		С	DATE INCURRED: 1997-2009 CONSIDERATION: Student Loans REMARKS:					\$0.00
ACCT #: xxx5-998 DR Strong 10604 NE 38th Ste 101 Kirkland, WA 98033		С	DATE INCURRED: CONSIDERATION: Surveyor's Fees REMARKS: DR Strong Consulting vs. Carlos Ferreira, Case# 09-21-128771-1					\$3,215.15
Representing: DR Strong			Dennis Perkins 1570 Skyline Tower 10900 NE 4th St Bellevue, WA 98004					Notice Only
ACCT #: xxxx9648 Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256		С	DATE INCURRED: 08/2009 CONSIDERATION: Collection Attorney REMARKS:					\$73.00
ACCT #: xxxxx60.1x ESA Adolfson 5309 Shilshole Ave NW Seattle, WA 98107		С	DATE INCURRED: CONSIDERATION: Wetland Professional Services REMARKS:					\$1,103.35
ACCT #: Evergreen PO Box 11610 Tacoma, WA 98411		С	DATE INCURRED: CONSIDERATION: Collection Agency REMARKS:					\$409.33
Sheet no1 of5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							.)	\$4,800.83

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	TNEGNITNOG	INITOTIIDATED	מילבו מילולים היים ו	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx xxx6652 Evergreen Emergency Services PO Box 2065 Seattle, WA 98111		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:					\$107.17
ACCT #: xxx5130 Evergreen Professional 12100 Ne 195th St Ste 18 Bothell, WA 98011		С	DATE INCURRED: 02/2005 CONSIDERATION: Collection Attorney REMARKS:					\$88.00
ACCT #: xxx4963 Evergreen Professional 12100 Ne 195th St Ste 18 Bothell, WA 98011		С	DATE INCURRED: 05/2004 CONSIDERATION: Collection Attorney REMARKS:					\$14.00
ACCT #: xxxxxx6198 Farmers Two Wells Ave Dept 9134 Newton, MA 02459		С	DATE INCURRED: CONSIDERATION: Insurance REMARKS:					\$75.80
ACCT #: xxx352m Glaucoma Consultants 1221 Madison St. Ste 1124 Seattle, WA 98104		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:					\$234.23
ACCT #: x3060 Healthpoint 955 Ave SW Renton, WA 98057		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:					\$87.57
Sheet no of 5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							.)	\$606.77

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPLITED.	AMOUNT OF CLAIM
ACCT #: x6685 Healthpoint 955 Ave SW Renton, WA 98057		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$30.28
ACCT #: xxxxxx xx 3309 HSBC Bank USA National Association PO Box 5253 Carol Stream, IL 60197		С	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: xxxxxxx9-039 ICC Ideal Credit Corp PO Box 3383 Everett, WA 98213		С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$55.49
ACCT #: xxx8008 Kirkland Family Chiropractic 822 6th St S. Kirkland, WA 98033	-	С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$150.00
ACCT #: xxx9626 Labcorp PO Box 2240 Burlington, NC 27216	-	С	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$93.04
ACCT #: xxx-0001 Law Office of Catherine Clark 701 5th Ave Ste 4785 Seattle, WA 98104	-	С	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$6,387.87
Sheet no. 3 of 5 continuation she Schedule of Creditors Holding Unsecured Nonpriority C		IS	(Use only on last page of the completed Sch ort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relat	edu e, o	otal ile l n th	l > F.) ne	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x93.10 R&S Electric PO Box 1412 Marysville, WA 98270		С	DATE INCURRED: CONSIDERATION: Electrical REMARKS:				\$791.10
ACCT #: Radia (MCA) 7281 134th St SW Ste 120 Everett, WA 98204		C	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$85.82
ACCT #: RE/MAX Northwest Realty 300 NE 97th Street Seattle, WA 98115		C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxxxx5422 Us Dept Of Education Attn: Borrowers Service Dept PO Box 5609 Greenville, TX 75403		С	DATE INCURRED: 08/1998 CONSIDERATION: Educational REMARKS:				\$41,138.00
ACCT #: xxxxxx5423 Us Dept Of Education Po Box 5609 Greenville, TX 75403		С	DATE INCURRED: 09/2008 CONSIDERATION: Educational REMARKS:				\$26,903.00
ACCT #: xxxxxx5424 Us Dept Of Education Attn: Borrowers Service Dept PO Box 5609 Greenville, TX 75403	-	С	DATE INCURRED: 10/2008 CONSIDERATION: Educational REMARKS:				\$7,125.00
Sheet no4 of5 continuation she Schedule of Creditors Holding Unsecured Nonpriority C	laim	S	hed to Sul (Use only on last page of the completed Sch fort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relate	edu e, or	ota le l	l > F.) ne	\$76,042.92

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx9988			DATE INCURRED: CONSIDERATION:				
Verizon Wireless PO Box 988		_	Cell Phone REMARKS:				\$226.97
Harrisburg, PA 17108		С					
Sheet no5 of5 continuation she			ned to Sul	bto	al >	•	\$226.97
Sheet no5 of5 continuation sheets attached to Subtotal > Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$90,853.69

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WASHINGTON SEATTLE DIVISION

In re Rosemary Ann Ferreira
Carlos A Ferreira

Case No. **09-23053**

Chapter 7

AMENDED 9/28/2010 SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	No	1	\$1,869,000.00		
B - Personal Property	No	5	\$14,833.17		
C - Property Claimed as Exempt	No	1			
D - Creditors Holding Secured Claims	No	3		\$1,662,142.58	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	No	1		\$0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		\$90,853.69	
G - Executory Contracts and Unexpired Leases	No	1			
H - Codebtors	No	1			
I - Current Income of Individual Debtor(s)	No	1			\$9,353.93
J - Current Expenditures of Individual Debtor(s)	No	1			\$12,859.73
	TOTAL	21	\$1,883,833.17	\$1,752,996.27	

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WASHINGTON SEATTLE DIVISION

In re Rosemary Ann Ferreira
Carlos A Ferreira

Case No. 09-23053

Chapter 7

AMENDED 9/28/2010

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$75,166.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$75,166.00

State the following:

Average Income (from Schedule I, Line 16)	\$9,353.93
Average Expenses (from Schedule J, Line 18)	\$12,859.73
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$12,470.83

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$28,934.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
Total from Schedule F		\$90,853.69
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$119,787.69